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IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 141925 PIN# 4814934405 3355 DATE 5-31-07

OWNER OR APPLICANT Tom & Joan McGinnis PHONE: Business 704 425 6490 Home 704 896 9064

ADDRESS 6373 Wilkesboro Hwy

LOCATION N on 115, on left next to pond - 6373 Wilkesboro Hwy

SUBDIVISION n/a BLOCK / SECTION ____ LOT ____ LOT AREA ____ SITE CLASS P3 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 gal if necessary Gallons; ST ____ Date ____

Pump Tank: ____ Gallons; PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 30"

☒ New System ☐ Repair ☒ Expansion System Type: (I) III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: 25% Reduction Pump

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth ____ ☒ Gravity ☐ Pressure

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other ____

Water Supply: ☐ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Replumb existing plumbing into new system

Comments:/Conditions:

INITIAL SITE SKETCH

See attached diagram

AS BUILT SKETCH

Installed As Drawn on Layout

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Joan Gant McGinnis date 5-31-07

Improvement Permit by: ____ date 5-31-07

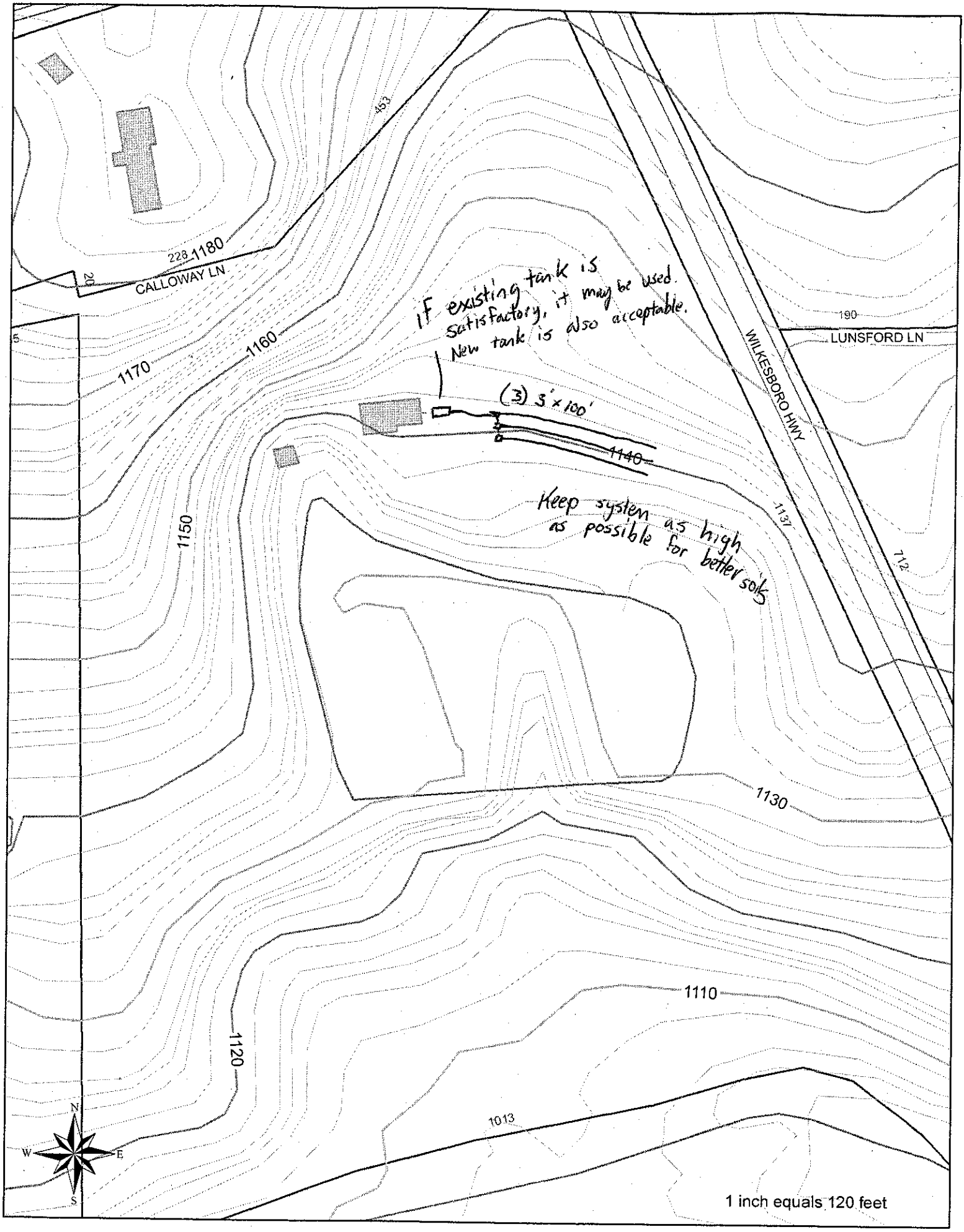
Authorization to Construct by: ____ date 5-31-07

Installed by: Mike Kidd

Operation Permit by: D. Wyatt, R.S. date 4 December 07

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


CALLOWAY LN
WILKESBORO HWY
LUNSFORD LN
1180
1170
1160
1150
1140
1130
1120
1110
1013
1137
190
712
453
228
20
IF existing tank is satisfactory, it may be used. New tank is also acceptable.
(3) 3' x 100'
Keep system as high as possible for better soils
N
W
E
S
1 inch equals 120 feet